



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E465177**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	<b>15-02424</b>	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION <b>09 - 26 - 2015</b>	<b>1430</b>	<b>31</b>		<b>0664</b>
		N <input type="checkbox"/> S <input type="checkbox"/>	E <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
<b>STATE ROUTE 9</b>		BLOCK NO. <input type="checkbox"/>
		MILE POST <input type="checkbox"/>

DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
		<b>MARKET PLACE</b>

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE
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LAST NAME	<b>UNKNOWN</b>	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX <b>U</b>	D.O.B. <b>MMDDYYYY</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>9</b>	RESTR. <b>9</b>	EJECT <b>9</b>	HELMET USE <b>9</b>	INJURY CLASS <b>0</b>	NATURE OF INJURIES
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LICENSE PLATE #	STATE <b>WA</b>	VIN#	
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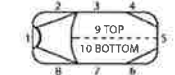
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE <b>P4</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #
CHARGE	

VEHICLE NO. 1  
SHADE IN DAMAGED AREA



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input checked="" type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4252693607</b>
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LAST NAME	<b>HITTLE</b>	FIRST NAME	<b>THERYN</b>	MIDDLE INITIAL	<b>E</b>
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STREET NEW ADDRESS	<b>100 95TH AVENUESE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>98258</b>
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX <b>M</b>	D.O.B. <b>02 - 16 - 2001</b>
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ON DUTY <input type="checkbox"/>	STATUS <b>3</b>	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS <b>7</b>	NATURE OF INJURIES <b>KNEE PAIN/BRUISING. LEFT KNEE CUTS</b>
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LICENSE PLATE #	STATE	VIN#	
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #
CHARGE	

VEHICLE NO. 2  
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
<b>R. RUTHERFORD</b>	<b>0130</b>	<b>WA0311900</b>



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E465177**

CASE # **15-02424**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

09/26/2015. 2 Juvenile pedestrians crossing from SR9 from east to west in a marked crosswalk at Market Place. The uninvolved juvenile was using a skateboard. The victim juvenile was riding a bicycle. As victim juvenile approached sidewalk, a green vehicle turned right from Market Place onto SR9 southbound, striking the juvenile and knocking him to the ground. Juvenile scraped his left knee and bruised his right knee. Juvenile described the driver as a white male adult, early 20's in age with short brown hair. Juvenile could only describe the vegicle as a green passenger car of unknown make and model. Suspect vehicle fled southbound on SR9.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. RUTHERFORD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**09-26-15 05:57 PM**

DATED

PLACE SIGNED

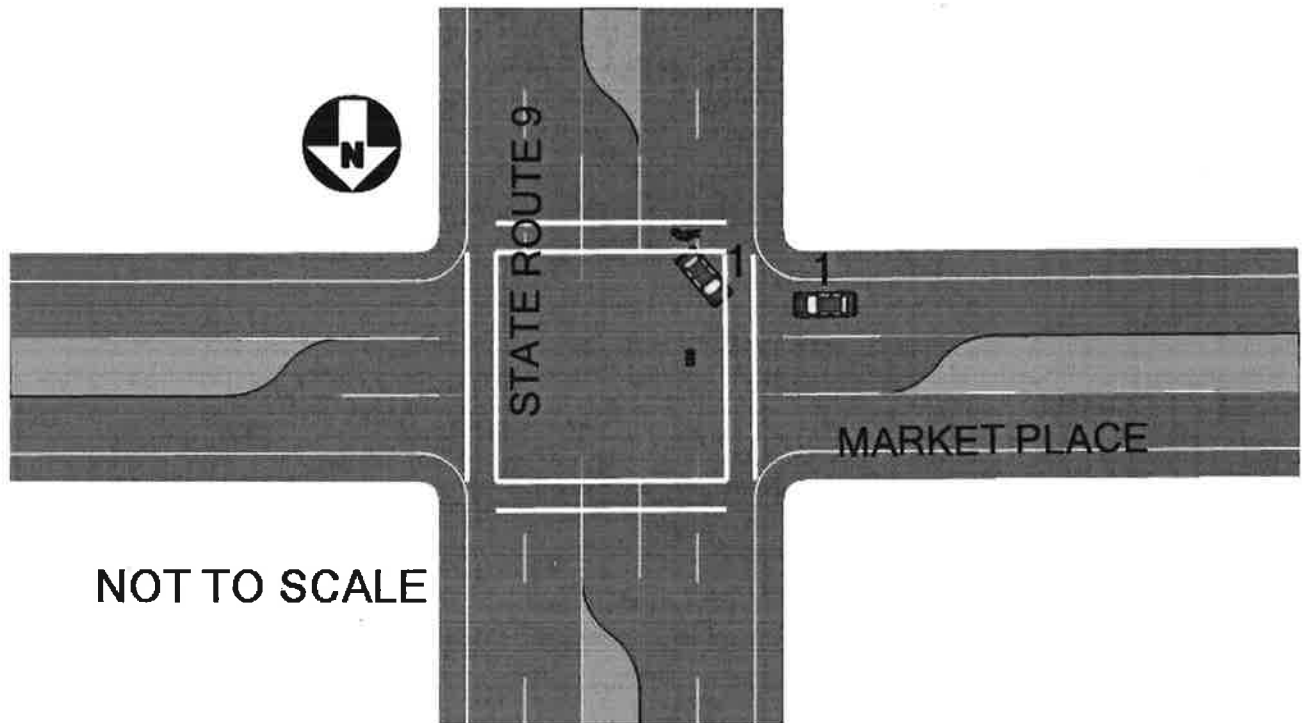
APPROVED BY

**BOB SUMMERS 0079**

DATE

**9/26/2015 10:38:58 PM**

BADGE OR ID #	<b>0130</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>3:30 PM</b>	TIME POLICE ARRIVED	<b>3:30 PM</b>
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Incident History for: #SS15019443

Case Numbers: \$SS15002424

Entered 09/26/15 15:29:48 BY SPCT07 SP0325  
Dispatched 09/26/15 15:30:16 BY SPDP17 SP0377  
Enroute 09/26/15 15:30:16  
Onscene 09/26/15 16:01:24  
Closed 09/26/15 16:01:32

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 3 Dispo: H

Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT

Src: T

Loc: MARKET PL/SR 9 NE , LKS (V)

Loc Info:

Name: HITTLE MEGAN

Addr:

Phone: 4252693607

/1529 (SP0325) ENTRY , PH, 1 HR AGO, CAR TURNING HIT SON'S BIKE AS HE  
WAS IN CROSS WALK AND TOOK OFF, ND/NL  
/1530 (SP0377) DISPER 19D3 [PH ]  
#SS130 RUTHERFORD, OFCR (RICH)  
/1548 (SP0320) ASNCAS 19D3 \$SS15002424  
/1554 CHGLOC 19D3 [195 ]  
/1601 (SS130 ) \*ONSCNE 19D3  
/1601 \*CLEAR 19D3 D/H  
/1601 CLOSE 19D3

LSPD  
ORIG